

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <small>(FOR USE WITH FORM PTO-875)</small>							SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09/770,473</div>	FILING DATE <div style="font-size: 1.2em; font-family: cursive;">1-29-01</div>				
							APPLICANT(S) <div style="font-size: 1.2em; font-family: cursive;">Philippe et al</div>					
<div style="font-size: 1.2em; font-family: cursive;">2-18-04</div>							CLAIMS					
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			1		2		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51		/			
2		/					52		/			
3		/					53		/			
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49		/					99					
50		/					100					
TOTAL IND.		4					TOTAL IND.	4				
TOTAL DEP.		55					TOTAL DEP.	55				
TOTAL CLAIMS		59					TOTAL CLAIMS	59				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1380 (REV. 3-78)
U.S. DEPARTMENT OF COMMERCE  
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